

TLC Trial Form SCRLOG.03 Participant Referral Sheet

Center ID:	_____ - _____
Screening ID:	S _____ - _____
Visit Code:	_____

INSTRUCTIONS: This form is to be filled out for each child referred to the TLC Trial during the screening period. The personal information on this form is **for Clinical Center use only** and is not to be released to personnel outside this Clinical Center. A copy of this form must be provided to the TLC Environmental Team at your Center.

REFERRAL INFORMATION

- Child's name** _____
Last _____ *First* _____ *Middle* _____
- PbB** _____ $\mu\text{g/dL}$ ()₁ Venous ()₂ Capillary
- Date of PbB** _____ / _____ / _____ *mm/dd/yy*
- Type of referral** ()₁ Primary care MD ()₂ Community Screening ()₃ Self-referred ()₄ Other, specify: _____
- Date of referral** _____ / _____ / _____ *mm/dd/yy*

Please provide the name, address and phone number of the primary care physician.

Referring or Primary care MD

_____ *Full name*

_____ *Address*

_____ *City* _____ *State* _____ *Zip*

(_____) _____ - _____ *Telephone*

CHILD REFERRED TO TLC

Obtain the following information as it becomes available for the child who is the potential TLC subject.

- Gender** ()₀ Boy ()₁ Girl
- Date of birth** _____ / _____ / _____ *mm/dd/yy*
- Address** _____
Street address _____ *Apartment*

_____ *City* _____ *State* _____ *Zip*

(_____) _____ - _____ *Telephone*

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ALTERNATE PHONE NUMBER

If there is no phone, obtain the number of a neighbor or relative who would be willing to take messages:

9. **Name** _____
 (_____) _____ - _____

LEGAL GUARDIAN

Obtain the following information about the parent or legal guardian as it becomes available.

10. **Full Name** _____
Last First Middle

11. **Relationship** _____

Is the parent or legal guardian's address the same as the child's? () Same () Different

Please provide the parent or legal guardian's address if different from child's:

12. **Address** _____
Street address Apartment

City State Zip
 (_____) _____ - _____
Telephone

ADMINISTRATIVE MATTERS

13. **Date of contact** _____ / _____ / _____ mm/dd/yy

14. **TLC Staff** _____ - _____
Signature TLC code

15. **Eligibility status** ()₁ Eligible (so far) ()₂ Not eligible, specify: _____

If eligible so far:

Date of TLC Visit V1 _____ / _____ / _____ mm/dd/yy **Time** _____ :

COMMENTS